

Attorney Docket No.

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor I declare that:

- My residence, post office address and citizenship are as stated below next to my name.
- I believe I am the original, first and sole/joint inventor of the subject matter which is claimed and for which a patent is sought on an application for patent entitled: METHOD FOR PRODUCING METHANE GAS

the specification of which:

- ☐ is attached hereto; or
- ☒ was filed on April 21, 2005 as U.S. Patent Application Number or PCT International Application Number _____, and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of this application.

I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on the basis of which priority is claimed:

Foreign application(s), if any, claiming priority under 35 U.S.C. 119		
Application Number(s)	Country	Filing Date
2002-306993	Japan	22 October 2002
Foreign application(s), if any, filed before the priority application(s)		
Application Number(s)	Country	Filing Date

I hereby claim the benefit under 35 U.S.C. 120/365 of any United States and PCT international application(s) listed below.

U.S. Application Number	Date of Filing	Status (patented, pending, abandoned)

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

U.S. Provisional Application Number	Date of Filing

I hereby appoint:

the attorneys and patent agents associated with Customer Number **52835** to prosecute this application and to transact all business in the United States Patent and Trademark Office connected herewith.

I hereby authorize them to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sends/sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct Hamre, Schumann, Mueller & Larson, P.C. to the contrary.

I understand that the execution of this document, and the grant of a power of attorney, does not in itself establish an attorney-client relationship between the undersigned and the law firm of Hamre, Schumann, Mueller & Larson, P.C., or any of its attorneys.

Please direct all correspondence to:

Hamre, Schumann, Mueller & Larson, P.C.
P.O. Box 2902
Minneapolis, MN 55402

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	Full Name Of Inventor Family Name, First Given Name, Second Given Name YOSHIDA, Hiroyuki 1-00				
Residence & Citizenship	<table border="1"> <tr> <td data-bbox="505 604 1149 657"> City Sakai-shi </td> <td data-bbox="1149 604 1435 657"> Country of Citizenship Japan </td> </tr> <tr> <td colspan="2" data-bbox="505 657 1435 699"> State or Foreign Country Osaka, Japan JPY </td> </tr> </table>	City Sakai-shi	Country of Citizenship Japan	State or Foreign Country Osaka, Japan JPY	
City Sakai-shi	Country of Citizenship Japan				
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Signature of Inventor 201 <i>Hiroyuki Yoshida</i>	Date: June 9, 2005				